Michigan Unredeemed Beverage Container Deposit Report

Report Year > 2003

Issued under authority of P.A. 148 of 1989. Filing is mandatory; penalties apply for not filing.

This report is for calendar year 2003. (It is due on or before March 1, 2004.)

Complete Company Name (include, if applicable, 0	Corp., Inc., P.C., L.L.C., etc.)	2	Account Number (FEIN)	
			<u> </u>	
Business Name, Assumed Name or DBA (if used)		3.	Telephone Number	
Address (Number and Street, P.O. Box or RR#)				
City, State, ZIP				
, , , , , , , , , , , , , , , , , , ,				
Under Public Act 148 of 1989, distri Michigan Mandatory Deposit Law mu				
Michigan Department of Treasury. The		and pay an amedeem	ca beverage con	tamer deposits to the
the total value of deposits origina	•	ainers sold in Michigan	"Originated" m	eans that you
have not paid a deposit to another	•	•	•	icano trat you
the total value of refunds made of		•	•	iginated See
Michigan Compiled Law (MCL) se				iginated. Occ
Note: If you purchased/sold returns				hoforo vou can
determine if you owe money.	able containers you	must complete the bo	ack of this form	belole you call
4. Enter the total dollar value of depo	sits you originated in	2003	4. <u>\$</u>	
5. Enter the total dollar value of conta				
6. Add lines 4 and 5 and enter the to	tal here		6 . \$	
7. Enter the total dollar value of refu	nds you made in 2003	3	7. \$	
8. Enter the total value of containers	you purchased in 200	3 (from back of form)	8. \$	
9. Add line 7 and 8 and enter the total				
10. If line 9 is greater than line 6 you a				
may be carried forward for 3 years you have a credit on this line you of				
11. Overredeemer Credit(s) from prior		ic iiics 12-14 OILL	511 F10	
11a. Enter amount of credit from		11a.\$		
11b. Enter amount of credit from				
11c. Enter amount of credit from				
Note: If this is your second report as	an underredeemer vo	ou may annly the credit	(s) to the amount	due on
this report. Unused credits may be ca				
		•		
12. Add lines 11a, 11b and 11c and er			12	
13. If line 9 is less than line 6 you are an underredeemer. Subtract line 9			\ 40	
from line 6 and enter the amount h	iere			
14. Subtract line 12 from line 13 and e	enter the difference he	re If less than 0 enter	0	
This is the amount due				
			/ 14	
Make checks payable to the "State of Write your account number and the wo		posits" on your check	<.	
The undersigned certifies that the above	ve information is true a	and complete		
Signature of Owner or Authorized Agent	Date	Preparer's Signature		Date
Print or Type Name of Owner or Authorized Agent	Phone Number	Print or Type Name of Prepare	PF .	Phone Number

If you have questions, you may contact the Return Processing Division, Bottle Deposit Section at 517-636-4456. Deaf, hearing or speech impaired persons may call 517-636-4999 (TTY) or the Michigan Relay Center at 1-800-649-3777.

Mail to: Return Processing Division, Bottle Deposit Section
Michigan Department of Treasury
Lansing, Michigan 48922

Unclaimed Bottle Deposit Purchases/Sales

Sales: (for overredeemers)

Indicate the dollar value of the empty returnable beverage containers you sold to an underredeemer(s). Enter the total dollar value of containers you sold on **line 5**, on the reverse side of this form.

Company Sold To	Account Number	Value of Empty Returnable Beverage Containers Sold:
Address (Street or RR#)		\$
City, State, ZIP		+
Company Sold To	Account Number	Value of Empty Returnable Beverage Containers Sold:
Address (Street or RR#)		\$
City, State, ZIP		+
Company Sold To	Account Number	Value of Empty Returnable Beverage Containers Sold:
Address (Street or RR#)		\$
City, State, ZIP		
Total Dollar Value of Containers Sold:		TOTAL Value of Containers Sold:
		\$

Purchases: (for underredeemers)

Indicate the dollar value of the empty returnable beverage containers you purchased from an overredeemer(s). Enter the total dollar value of containers you purchased on **line 8**, on the reverse side of this form.

Company Purchased From	Account Number	Value of Empty Returnable Beverage Containers Purchased:
Address (Street or RR#)		\$
City, State, ZIP		
Company Purchased From	Account Number	Value of Empty Returnable Beverage Containers Purchased:
Address (Street or RR#)	L	\$
City, State, ZIP		
Company Purchased From	Account Number	Value of Empty Returnable Beverage Containers Purchased:
Address (Street or RR#)		<u> </u>
City, State, ZIP		
		TOTAL Value of Containers Purchased:

Total Dollar Value of Containers Purchased:

TOTAL Value of Containers Purchased:
\$

NOTE: If more than three companies are involved, photocopy this form and attach all the pages to your report.